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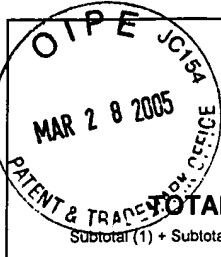
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/998,764	
	Filing Date	November 29, 2001	
	First Named Inventor	Masaki Nakamura	
	Group Art Unit	1755	
	Examiner Name	Shalie A. Manlove	
Total Number of Pages in This Submission (excluding references)	16	Attorney Docket Number	56232.13

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Amendment and Response To Office Action (9 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter(1 page) (in duplicate) <input type="checkbox"/> Statement of Common Ownership <input type="checkbox"/> Petition for Extension of Time (___ months) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 337977455 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate) <input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Statement of Common Ownership (1 page) <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigna, Reg. No. 44,826
Signature	
Date	March 28, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 28, 2005			
Typed or printed name	Rebecca M. Klits		
Signature		Date	March 28, 2005

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**FEE TRANSMITTAL****TOTAL AMOUNT OF PAYMENT**

Subtotal (1) + Subtotal (2) + Subtotal (3) =

(\$1,290.00)**Complete if Known**

Application Number	09/998,764
Filing Date	November 29, 2001
First Named Inventor	Masaki Nakamura
Group Art Unit	1755
Examiner Name	Shalie A. Manlove
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METHOD OF PAYMENT**FEE CALCULATION (continued)****1. The Commissioner is hereby authorized to:**

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:☐ Check ☐ Other**3. ADDITIONAL FEES**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month [†]	<input type="text"/>
116/\$450	2252/\$225	Extension for response within second month [†]	<input type="text"/>
1253/\$1,020	2253/\$510	Extension for response within third month [†]	<input type="text"/>
1254/\$1,590	2254/\$795	Extension for response within fourth month [†]	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month [†]	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	790
Other fee (specify):		<input type="text"/>	<input type="text"/>
Other fee (specify):		<input type="text"/>	<input type="text"/>

SUBTOTAL (3) (\$ 790)**FEE CALCULATION (fees effective 10/1/01)****1. FILING FEE**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)		(\$ 0)	

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

110/\$18 210/\$9 Reissue claims in excess of 20 and over original Patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due	
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x		=	
TOTAL	35	minus*	20 or 33	=	2	x	\$50	=	\$100
INDEP	8	minus*	3 or 6	=	2	x	\$200	=	\$400
[] First presentation of multiple dependent claim									0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$500)**SUBMITTED BY**

Typed or Printed Name

Cameron K. Kerrigan**Complete (if applicable)**

Reg. Number

44,826

Signature

Date

March 28, 2005